

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

MARY BETH BRACKIN,

Plaintiff,

V.

) Case No. 1:05-CV-1172-MEF

**CITY OF DOTHAN and JUDGE
ROSE EVANS-GORDON,**

Defendants.

DEFENDANTS' NOTICE OF FILING
REDACTED EXHIBITS

Pursuant to the Court's Order of February 25, 2008, Defendants hereby file the following redacted Exhibits with the Court:

1. Martin Deposition—Def. Exhibit 6 and Def. Exhibits 11 – 14.
2. Brackin Deposition—Def. Exhibits 27, 28 and 29.

These redacted Exhibits are attached herewith.

Respectfully submitted,

/s/ Carol Sue Nelson

Carol Sue Nelson

One of the Attorneys for Defendants

OF COUNSEL:

Maynard, Cooper & Gale, PC
1901 Sixth Avenue North
2400 Regions/Harbert Plaza
Birmingham, Alabama 35203
Phone: (205) 254-1000
Fax: (205) 254-1999

CERTIFICATE OF SERVICE

I hereby certify that on February 27, 2008, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

Ishmael Jaffree, Esq.
800 Downtowner Blvd.
Suite 106 B
Mobile, Alabama

/s/ Carol Sue Nelson

OF COUNSEL

MARTIN DEPOSITION

DEFENDANTS' EXHIBITS 6, 11-14

a Control number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number		1 Wages, tips, other compensation 26618.60		2 Federal income tax withheld 1549.37	
c Employer's name, address, and ZIP code Legal Services Corporation of Alabama 207 Montgomery Street Suite 500 Montgomery, AL 36104		3 Social security wages 26878.60		4 Social security tax withheld 1666.46	
		5 Medicare wages and tips 26878.60		6 Medicare tax withheld 389.82	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 1061		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Nancy C Martin Dothan AL		11 Nonqualified plans		12a See instructions for box 12 E 260.00	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state ID number AL		16 State wages, tips, etc. 26618.60	
		17 State income tax 793.45		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

2002
(Rev. February 2002)

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use



Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2003

(99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2003, or other tax year beginning 2003 ending 20 OMB No. 1545-0074

Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

L
A
B
E
L
H
E
R
E

Your first name and initial

JIM V

Last name

MARTIN

If a joint return, spouse's first name and initial

NANCY C

Last name

MARTIN

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

DOTHAN, AL

Your social security number

-1567

Spouse's social security number

-1061

▲ IMPORTANT! ▲
You must enter your SSN(s) above.**Presidential Election Campaign**
(See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☒ No

You

Spouse

Filing Status

Check only one box.

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ☐ 5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

Head of household (with qualifying person). (See page 20.)

If the qualifying person is a child but not your dependent, enter this child's name here. ☐**Exemptions**

If more than five dependents, see page 21.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6ab ☒ Spouse

c Dependents:

(1) First Name

Last Name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see pg 21)

No. of boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

0

• did not live with you due to divorce or separation (see page 21)

0

Dependents on 6c not entered above

0

Add numbers on lines above

2

d Total number of exemptions claimed

Income

Attach Forms W-2 and, W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

ROLLOVER

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	44190
8a	Taxable interest. Attach Schedule B if required	8a	56
b	Tax-exempt interest. DO NOT include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 23)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-2367
13a	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13a	
b	If box on 13a is checked enter post-May 5 capital gain distributions	13b	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 25)	15b	
16a	Pensions and annuities	16a	8199
b	Taxable amount (see page 25)	16b	1520
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	13296
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	20b	
21	Other income. List type and amount (see page 27)	21	
22	Add the amounts in the far right column for lines 7 - 21. This is your total income	22	56695

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	IRA deduction (see page 29)	24	
25	Student loan interest deduction (see page 31)	25	
26	Tuition and fees deduction (see page 32)	26	
27	Moving expenses. Attach Form 3903	27	
28	One-half of self-employment tax. Attach Schedule SE	28	
29	Self-employed health insurance deduction (see page 33)	29	
30	Self-employed SEP, SIMPLE and qualified plans	30	
31	Penalty on early withdrawal of savings	31	
32a	Alimony paid. b Recipient's SSN	32a	
33	Add lines 23 through 32a	33	162
34	Subtract line 33 from line 22. This is your adjusted gross income	34	56533

CLIENT'S COPY

Form 1040 (2003)

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2004	OMB No. 1545-0008
a Control number	1 Wages, tips, other comp. 23605.77	2 Federal income tax withheld 1577.11	
b Employer ID number	3 Social security wages 25458.20	4 Social security tax withheld 1578.44	
	5 Medicare wages and tips 25458.20	6 Medicare tax withheld 369.10	
c Employer's name, address, and ZIP code CITY OF DOTHAN, ALABAMA 126 N ST ANDREWS DOTHAN S.S. 0441 AL 363034838			
d Employee's social security number 1061			
e Employee's name, address, and ZIP code NANCY C MARTIN DOTHAN AL			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other PE INS 1852.43 1323.00	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
AL	25458.20	875.75	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

FORM 1099-G

STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
UNEMPLOYMENT COMPENSATION AGENCY
MONTGOMERY, ALABAMA 36131

IMPORTANT TAX DOCUMENT**NANCY C MARTIN****DOTHAN, AL**

Certain
Government
Payments

Payer's Name, Street, City, State, and ZIP Code STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION AGENCY 649 MONROE STREET MONTGOMERY, AL 36131		OMB No. 1545-0120		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Recipient's Identification Number -1061	1 Unemployment Compensation 2,200.00	2004		
Recipient's Name (first, middle, last) & Address NANCY C MARTIN DOTHAN, AL	4 Federal Income Tax Withheld 00	Form 1099G		
	FEIN:			
Account Number (optional)				

Form 1099-G

Department of the Treasury - Internal Revenue Service

Instructions to Recipient

Box 1- Shows the total unemployment compensation paid to you this year by the payer. This amount is taxable income to you. For more information, see the instructions for your Federal income tax return.

Box 4- Shows the total amount of withholding you requested on unemployment compensation paid to you this year by the payer.

OMB No. 1545-0046		
Circular Number		
1 Wages, tips, other compensation	2 Federal income tax withheld	
8609.34	362.85	
3 Social security wages	4 Social security tax withheld	
8609.34	533.78	
5 Employer identification number	6 Medicare wages and tips	7 Medicare tax withheld
1061	8609.34	124.84

a Employer's name, address and ZIP code

MOVIE GALLERY SERVICES, INC.
900 WEST MAIN ST
DOTHAN, AL 36301

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a
		Use
12b	12c	12d
Use	Use	Use
13 Sickness Indemnity	14	
Employee	Retirement Plan	Third Party Sick Pay
	\$125	369.00

b Employee's name, address and ZIP code

NANCY C MARTIN

DOTHAN, AL

2005	15 State	Employer's state I.D. no.	16 State wages, tips, etc.
W-2	AL		8609.34
Page and Tax Statement		17 State income tax	18 Local wages, tips, etc.
Copy C for EMPLOYER'S RECORDS (See Notice to Employees on back of Copy B.)		265.55	
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, it may be required to file a tax return. If you are required to file a tax return, it may be required to file a tax return.		19 Local income tax	20 Locality name

Department of the Treasury—Internal Revenue Service

STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
UNEMPLOYMENT COMPENSATION AGENCY
MONTGOMERY, ALABAMA 36131

IMPORTANT TAX DOCUMENT

NANCY C MARTIN

DOTHAN, AL

Payer's Name, Street, City, State, and ZIP Code STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION AGENCY 648 MONROE STREET MONTGOMERY, AL 36131		Certain Government Payments	
Recipient's Identification Number -1061	1 Unemployment Compensation 3,520.00	GMB No. 1545-0120 2005	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Recipient's Name (first, middle, last) & Address NANCY C MARTIN DOTHAN, AL	4 Federal Income Tax Withheld 352.00	5 ATAA Payments	
	FEIN: 630674968		
Account Number (optional)			

Form 1099-G

Department of the Treasury - Internal Revenue Service

Instructions to Recipient

Box 1 - Shows the total unemployment compensation paid to you this year by the payer. This amount is taxable income to you. For more information, see the instructions for your Federal income tax return.

Box 4 - Shows the total amount of withholding you requested on unemployment compensation paid to you this year by the payer.

Box 5 - Shows the total amount of ATAA paid to this year by the payer.

OMB No. 1545-0048

Control Number	1 Wages, tips, other compensation 28918.27	2 Federal income tax withheld 1866.75
b Employer identification number	3 Social security wages 29012.67	4 Social security tax withheld 1798.79
d Employer's social security number -1061	5 Medicare wages and tips 29012.67	6 Medicare tax withheld 420.68

c Employer's name, address and ZIP code
MOVIE GALLERY US, LLC
900 WEST MAIN STREET
DOTHAN AL 36301

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a 94.40
12b Code	12c Code	12d Code
13 Statutory Employee Retirement Plan Third Party Sick Pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14	

e Employee's name, address and ZIP code
NANCY C MARTIN
DOTHAN AL

2006 W-2	15 State AL Employer's state I.D. no.	16 State wages, tips, etc. 28918.27
Wage and Tax Statement Copy C For EMPLOYEES RECORDS (See Notice to Employee on back of Copy B.) <small>This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</small>	17 State income tax 981.90	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name
	Department of the Treasury—Internal Revenue Service	

Safe, accurate,
FAST! Use

OMB No. 1545-0008

Form **W-2 Wage and Tax Statement 2006**

7 Social security tips	1 Wages, tips, other compensation 657.84	2 Federal income tax withheld 9.28
8 Allocated tips	3 Social security wages 657.84	4 Social security tax withheld 40.79
9 Advance EIC payment	5 Medicare wages and tips 657.84	6 Medicare tax withheld 9.54

c. Employer's name, address, and ZIP code

BELK, INC.
2801 WEST TYVOLA ROAD
CHARLOTTE NC 28217-4500

10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
b Employer identification number (EIN)	12b	
d Employee's social security number =1061	12c	
14 Other	12d	
	13	Statutory employee Retirement plan Third-party sick pay

e. Employee's name, address, and ZIP code

NANCY C MARTIN
DUTMAN AL

15 State Employer's state ID number AL	16 State wages, tips, etc. 657.84	17 State income tax 7.25
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY C-For EMPLOYEE'S RECORDS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury -- IRS

(see Notice to Employee on back of Copy B.)

c Employer's name, address, and ZIP code MANPOWER INTERNATIONAL, INC 5301 N IRONWOOD RD MILWAUKEE WI 53201		1,972.37 86.23	
12b		3 Social security wages 1,972.37	4 Social security tax withheld 122.29
12c		5 Medicare wages and tips 1,972.37	6 Medicare tax withheld 28.60
12d		7 Social security tips	8 Allocated tips
12e		9 Advance EIC payment	10 Dependent care benefits
13 Statutory employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay <input type="checkbox"/>		11 Nonqualified plans	
e Employee's name, address, and ZIP code 0124 44400 4734172 806 00142509 00142509 01/01 NANCY MARTIN DOTHAN AL		14 Other	
15 State GA		16 State wages, tips, etc. 1,972.37	
Employer's state ID. number		17 State income tax 59.59	
Form W-2 Wage and Tax Statement 2006		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

FORM **W-2** **2006**
 d Employee's social security number **-1061**

Department of the Treasury - Internal Revenue Service OMB # 1545-0046

Copy B To Be Filed With Employee's FEDERAL Tax Return

Safe, accurate,
FAST! Use

OMB No. 1545-0008

Control Number	1 Wages, tips, other compensation 28918.27	2 Federal income tax withheld 1866.75
b Employer identification number	3 Social security wages 29012.67	4 Social security tax withheld 1798.79
d Employee's social security number 1061	5 Medicare wages and tips 29012.67	6 Medicare tax withheld 420.68

c Employee's name, address and ZIP code

MOVIE GALLERY US, LLC
900 WEST MAIN STREET
DOTHAN AL 36301

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code D 94.40
12b Code	12c Code	12d Code
13 Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay <input type="checkbox"/>	14	

e Employee's name, address and ZIP code

NANCY C MARTIN

DOTHAN AL

2006 W-2 Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	15 State AL Employer's state ID no.	16 State wages, tips, etc. 28918.27
	17 State income tax 981.90	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

Form W-2 Wage and Tax Statement 20

7 Social security tips	1 Wages, tips, other compensation 657.84	2 Federal income tax withheld 9.2
8 Allocated tips	3 Social security wages 657.84	4 Social security tax withheld 40.7
9 Advance EIC payment	5 Medicare wages and tips 657.84	6 Medicare tax withheld 9.5

c Employee's name, address, and ZIP code

BELK, INC.
2801 WEST TYVOLA ROAD
CHARLOTTE NC 28217-4500

10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
b Employer identification number (EIN)	12b	
d Employee's social security number 1061	12c	
14 Other	12d	
	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	

e Employee's name, address, and ZIP code

NANCY C MARTIN

DOTHAN AL

15 State AL Employer's state ID number	16 State wages, tips, etc. 657.84	17 State income tax 7
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY C-For EMPLOYEE'S RECORDS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury

(see Notice to Employee on back of Copy B.)

c Employee's name, address, and ZIP code MANPOWER INTERNATIONAL, INC 5301 N IRONWOOD RD MILWAUKEE WI 53201		1 Wages, tips, other compensation 1,972.37		2 Federal income tax withheld 86.23	
13 Statutory employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay <input type="checkbox"/>		3 Social security wages 1,972.37		4 Social security tax withheld 122.29	
e Employee's name, address, and ZIP code 0124 44400 4734172 B08 00142509 00142509 01/01 NANCY MARTIN DOTHAN AL		5 Medicare wages and tips 1,972.37		6 Medicare tax withheld 28.60	
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		7 Social security tips		8 Allocated tips	
FORM Wage and Tax Statement W-2 2006 d Employee's social security number 1061		9 Advance EIC payment		10 Dependent care benefits	
		11 Nonqualified plans		14 Other	
15 State GA Employer's state ID number	16 State wages, tips, etc. 1,972.37	17 State income tax 59.59	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2006

Department of the Treasury - Internal Revenue Service OMB # 1545-0008

Copy B To Be Filed With Employee's FEDERAL Tax Return



GEORGIA-PACIFIC LLC
Georgia-Pacific LLC
Atlanta, GA 30303

NANCY MARTIN

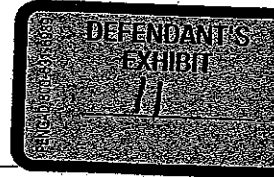
DOTHAN, AL

	Company	Cost Center	Pers Area	Pers No	Period End	Pay Date	Check No
NANCY MARTIN	183	5650159357	2465	20049516	10/05/2007	10/05/2007	
Married	Allowances: 02	Additional: \$0.00	Federal				
Single	Allowances: 00	Additional: \$0.00	Alabama				
Ma.both wk	Allowances: 01	Additional: \$0.00	Georgia				
Earnings			Rate	Hours	Current		Year-To-Date
Regular Earnings Hourly							196.86
Regular Earnings Salary					1,615.38		28,269.15
Spot Bonus- Supplemental							3,500.00
Overtime St Time (Base)				9.50	191.81		5,703.69
O/T Premium 50% Hrly Rate				9.50	95.95		2,853.29
Total Earnings					1,903.14		40,522.99
Imputed Income							
EE GTLI Taxable					5.31		84.96
Total Imputed Income					5.31		84.96
Flex							
Flex Benefit Allowance					307.38		4,610.70
Non-Taxable Payments							
TEA Reimbursement					166.96		166.96
Employee Reimburse(NoTax)							76.27
Deductions (* Indicates Pre-Tax)							
*Health Care FSA					75.00-		1,125.00-
*Dental Flex					37.00-		555.00-
*Medical Flex P					423.50-		6,352.50-
*Flex-LTD					11.55-		173.25-
*Prescription Flex					97.00-		1,455.00-
*Flex - AD&D					0.60-		9.00-
*Flex - Life					12.25-		183.75-
*Salary 401(k) pre-tax					209.35-		4,132.78-
Flex-Spouse Life					5.40-		75.60-
Total Deductions					871.65-		14,061.88-
Taxable Wages							
Federal RE Withholding Tax					1,349.58		31,232.37
Federal RE EE Social Security					1,558.93		35,365.15
Federal RE EE Medicare Tax					1,558.93		35,365.15
Georgia RE Withholding Tax					1,349.58		31,232.37
Income Tax							
Federal TX Withholding Tax					87.53-		3,350.06-
Federal TX EE Social Security					96.65-		2,192.64-
Federal TX EE Medicare Tax					22.60-		512.79-
Georgia TX Withholding Tax					66.28-		1,612.40-
TOTAL TAXES					273.06-		7,667.89-
Memo Items:							
401k Co Match					104.67		2,166.65
401k Co Retire Contrib					85.64		1,823.51
Net Pay							
Total Net Pay					1,232.77		
ARMY AVIATION CNTR FED C U					1,232.77		Checking

COPY

DATE OF REVERSE 07-19-04
 MAGISTRATE A. Baple
 SUPERVISOR Nancy Martin

ATTACH PAYMENT SCREEN
 OF EACH CASE INVOLVED TO
 TO SHOW ACTIONS



Posted money today to wrong case
 Case posted to today

Case reversed from

Case posted to correctly

Posted money today for wrong amount
 Case posted to and amount

Case reversed from and amount

Case posted to correctly and amount

132.50 Rec # 1076
132.50 RU-1077
134.00 Re Post Rec 1077

Money posted to case in error in prior date
 Case reversed from and amount

Case posted to and amount

Other reason for reversal

CASE NUMBER _____ AMOUNT REVERSED 132.50

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT POSTED 134.00

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

See attached

CITY
Case # T
Party Na
Ticket #

+ +
TOTAL DU

Fine:
Otr/Cost
Rest/Mis

Md: ... ?
Rece

Payor
Violatio
MUNI CRT
SPEEDING

F3=Exit

TKDOLSA

Case Number:

Party Name.:

Ticket#....:

Total Due:

Payment History Inquiry

7/20/04

Judge: EVANS-GORDON, ROSE

Status.: RO Type: DF

Agency: DOTH Officer: P496 Pty Stat: AC

134.00 Paid: 134.00 Bal Due: .00

* FINES, OTHER/COSTS, & REST/MISC *

S	Date	Md	Recpt #	Check #	Amount	Received from
-	7/19/04	MO	10762		132.50	G A
	7/19/04	RV	10775		132.50-	MO Reversal # 0010762
-	7/19/04	CK	10776	1095919	134.00	G A

F3=Exit Reversed Reversal F6=Totals F9=History F12=Return Bottom

STATE OF ALABAMA
DOTHAN MUNICIPAL COURT
JULY 19, 2004

CASE NUMBER : TRAFFIC
DEFENDANT:

RECEIPT NUMBER: 10775

CITATION NUMBER:

COMMENT: APPLIED WRONG AMOUNT

PAYMENT DATE: 7/19/04 6:00 PM

BY: A
G

PREV BALANCE: \$255.00
REVERSAL: 132.50
BALANCE DUE: \$122.50
AMT TENDERED: \$0.00
CHANGE DUE: \$0.00

RECEIVED BY: SAB

COURT COPY

STATE OF ALABAMA
DOTHAN MUNICIPAL COURT
JULY 19, 2004

CASE NUMBER : TRAFFIC
DEFENDANT:

RECEIPT NUMBER: 10776
CITATION NUMBER:

COMMENT: POSTING CORRECTION

PAYMENT DATE: 7/19/04 6:01 PM

BY: A
G

PREV BALANCE: \$134.00
CHECK: 134.00
CHECK #: 1055819
BALANCE DUE: \$0.00
AMT TENDERED: \$134.00
CHANGE DUE: \$0.00

RECEIVED BY: SAB

DEFENDANT COPY

STATE OF ALABAMA
DOTHAN MUNICIPAL COURT
JULY 19, 2004

CASE NUMBER : TRAFFIC
DEFENDANT:

RECEIPT NUMBER: 10762

CITATION NUMBER:

COMMENT: WESTERNUN008-10558112

PAYMENT DATE: 7/19/04 4:16 PM

BY: P
G

PREV BALANCE: \$132.50
MONEY ORDER: 132.50
BALANCE DUE: \$0.00
AMT TENDERED: \$134.00
CHANGE DUE: \$1.50

RECEIVED BY: SAB

DEFENDANT COPY

WESTERN UNION MONEY ORDER		INTEGRATED PAYMENT SYSTEMS INC. - ISSUER Greenwood Village, Colorado	
AGENT 179973 DATE 071404 TIME 1254 03		LOCATION 000381-134.00 ***	
** PAY EXACTLY ONE HUNDRED THIRTY-FOUR DOLLARS AND NO CENTS		PAYMENT FOR/CCT: *	
PAY TO THE ORDER OF		The City of Dothan	
PURCHASER'S ADDRESS		840 COWLEY RD 30606	
Western Union Money Order and Design is a service mark of Western Union Holdings, Inc. Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado			
1:1021004001: 400810959 7021			

STATE OF ALABAMA
DOTHAN MUNICIPAL COURT
JULY 19, 2004

CASE NUMBER :
DEFENDANT:

RECEIPT NUMBER: 10776

CITATION NUMBER: M 7369235

COMMENT: POSTING CORRECTION

PAYMENT DATE: 7/19/04 5:01 PM

BY:

PREV BALANCE: \$134.00
CHECK: 134.00
BALANCE DUE: \$0.00
AMT TENDERED: \$134.00
CHANGE DUE: \$0.00

RECEIVED BY: SAB

DEFENDANT COPY

STATE OF ALABAMA
DOTHAN MUNICIPAL COURT
JULY 19, 2004

CASE NUMBER :
DEFENDANT:

RECEIPT NUMBER: 10775

CITATION NUMBER: M 7369235

COMMENT: APPLIED WRONG AMOUNT

PAYMENT DATE: 7/19/04 5:00 PM

BY:

PREV BALANCE: \$255.00
REVERSAL: 132.50
BALANCE DUE: \$132.50
AMT TENDERED: \$0.00
CHANGE DUE: \$0.00

RECEIVED BY: SAB

COURT COPY

STATE OF ALABAMA
DOTHAN MUNICIPAL COURT
JULY 19, 2004

CASE NUMBER :
DEFENDANT:

RECEIPT NUMBER: 10762

CITATION NUMBER: M 7369235

COMMENT: WESTERN UNION 10559112

PAYMENT DATE: 7/19/04 4:16 PM

BY:

PREV BALANCE: \$132.50
MONEY ORDER: 132.50
BALANCE DUE: \$0.00
AMT TENDERED: \$134.00
CHANGE DUE: \$1.50

RECEIVED BY: SAB

DEFENDANT COPY

WESTERN UNION MONEY ORDER <small>THE BANK AND THIS INSTRUMENT ARE SUBJECT TO THE REGULATION OF THE FEDERAL RESERVE SYSTEM</small>		INTEGRATED PAYMENT SYSTEMS INC. - ISSUER Greenwood Village, Colorado	
AGENT 329932 TIME 1254_03	DATE 071404 LOCATION 000381	134.00 XXXX	02-201021
** PAY EXACTLY ONE HUNDRED THIRTY-FOUR DOLLARS AND NO CENTS		PAYMENT FOR ACCT:	
PAY TO THE ORDER OF		The City of Dothan	
840 CASH PURCHASE APPROVED		30066	
Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank, N.A., Grand Junction, Colorado			

1:102100400: 400810959 0211

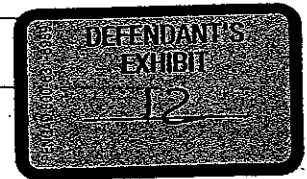
DATE OF REVERSE 9-07-04
 MAGISTRATE M BRACKIN
 SUPERVISOR N MARTIN

ATTACH PAYMENT SCREEN
 OF EACH CASE INVOLVED TO
 TO SHOW ACTIONS

Posted money today to wrong case
 Case posted to today

Case reversed from

Case posted to correctly



Posted money today for wrong amount
 Case posted to and amount

Case reversed from and amount

Case posted to correctly and amount

Money posted to case in error in prior date
 Case reversed from and amount

Case posted to and amount

Other reason for reversal look part for (Dep Credit)

before pushing to A/R - part was a partial post.

RV part & reported after pushing to A/R to allocate money to proper
 CASE NUMBER _____ AMOUNT REVERSED _____ fine/cost

CASE NUMBER _____ AMOUNT REVERSED \$320.00

CASE NUMBER _____ AMOUNT REVERSED _____

* RV Rept #12050 Re-posted Rec # 67019

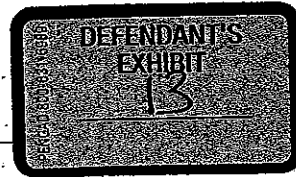
CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

DATE OF REVERSE 9-10-04
MAGISTRATE Mc Turner
SUPERVISOR N. Martin

ATTACH PAYMENT SCREEN
OF EACH CASE INVOLVED TO
TO SHOW ACTIONS



Posted money today to wrong case
Case posted to today _____

Case reversed from _____

Case posted to correctly _____

Posted money today for wrong amount
Case posted to and amount _____

Case reversed from and amount _____

Case posted to correctly and amount _____

Money posted to case in error in prior date
Case reversed from and amount _____

Case posted to and amount _____

Other reason for reversal showed as pd cash - but
was really days credit

CASE NUMBER _____ AMOUNT REVERSED 371.00

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

DATE OF REVERSE 9.23.04 ATTACH PAYMENT SCREEN
 MAGISTRATE [Signature] OF EACH CASE INVOLVED TO
 SUPERVISOR [Signature] TO SHOW ACTIONS

Posted money today to wrong case
 Case posted to today _____

Case reversed from _____

Case posted to correctly _____

Posted money today for wrong amount
 Case posted to and amount _____

Case reversed from and amount _____

Case posted to correctly and amount _____

Money posted to case in error in prior date
 Case reversed from and amount _____

Case posted to and amount _____

Other reason for reversal reversed previous payment
so could show ~~for~~ \$ to Cir Ct.

CASE NUMBER _____ AMOUNT REVERSED 958.50

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

DATE OF REVERSE 10-08-04
 MAGISTRATE Dea Bayle
 SUPERVISOR Nancy Martin

ATTACH PAYMENT SCREEN
 OF EACH CASE INVOLVED TO
 TO SHOW ACTIONS

Posted money today to wrong case
 Case posted to today

Case reversed from

Case posted to correctly

Posted money today for wrong amount
 Case posted to and amount

Case reversed from and amount

Case posted to correctly and amount

Money posted to case in error in prior date
 Case reversed from and amount

Case posted to and amount

Other reason for reversal Minor in poss of Tobacc. Does not Have
Court Cost. Posted \$ 50.00 which pd. Court Cost entered 1st -

Reversed out - Suspended Court Cost & Reposter Amt received to Case
 CASE NUMBER _____ AMOUNT REVERSED _____ & Case
Finalized

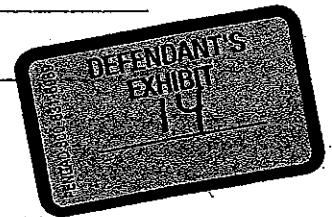
CASE NUMBER mc AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT REVERSED 50.00

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED 50.00



CITY OF DOTHAN MUNICIPAL COURT

CASE ACTION SUMMARY

<CAS>

ALCOHOL/DRUG RELATED:

ON VIEW ARREST:

DOMESTIC VIOLENCE RELATED:

DEFENDANT NAME

CASE NUMBER

SSN

-1697

RACE

W

SEX

M

DOB

/1987

UTC NUMBER 99 9999999

ADDRESS

CHARGE

MINOR IN POSS TOBACC

CITY STATE ZIP

DOTHAN AL

WARRANT NO:

PD CASE NO: 0104009424

TELEPHONE

BOND AMT:

EMPLOYER

DEFENDANT'S ATTY:

TELEPHONE 000 - 0000000

SENTENCING JUDGE:

ADDITIONAL INFORMATION

PROSECUTOR:

PAYMENT HISTORY

DATE

RCPT#

AMOUNT

FINE \$

COSTS \$

ATTY FEE \$

REST1 \$

REST2\$

OTHER \$

TOTAL: \$

SEE ATTACHED FOR PARTIALS

10-05-04

67854

350

10-08-04

424

10-08-04

67909

IF APPLICABLE

YO NUMBER:

DATE

DESCRIPTION OF COURT ACTION

9.2.04

Arrested by J. Neal

10.5.04

AA

11-15-04

Pay by Q 942

JAREVSC \$/\$

ACCOUNTS RECEIVABLE SYSTEM
RECEIPT# REVERSAL SELECTION10/08/04 MNCE04B
09:26:11 SABAXTER

File # 2004-2400

Case #:

File Status: FN

Party Name

Total Due 50.00

Total Paid 50.00

Balance Due .00

Reversal Date 10/08/04

Reversal Type ... ?

Reason

CASH PAYMENTS RECEIPT HISTORY

SELECT RECORD:

S#	Date	Md	Recpt #	Check #	Amount	Received From	Entry Person
1	10/08/04	CA	67909		50.00		SABAXTER
2	10/08/04	RV	424		50.00-		SABAXTER
3	10/05/04	CA	67854		50.00		SABAXTER R

TD = Trust Deposit DR = Trust Deposit Reversal R = Reversed Bottom
 F3=Exit T\$ = Trust Payout TR = Trust Payout Reversal F12=Previous

JAPRCDR A/R

ACCOUNTS RECEIVABLE SYSTEM
VIEW PAYMENT HISTORY

10/08/04 MNCE04B

09:29:19 SABAXTER

File Status: FN

File # 2004-2400

Party Name)

Total Due:00.

Select Record ...

S#	Payor/Transaction Type	Receipt Number	Date	Time	Amount	Pmnt Mode	Check Number
1		67909	10/08/04	9:25	50.00	CA	
2	SUSPEND	425	10/08/04	9:23	146.00-	SU	
3	REVERSAL	424	10/08/04	9:23	50.00-	RV	
4		67854	10/05/04	11:03	50.00	CA	

T =Trust Tran * =Court Pmt

Bottom

F8=File Hist F9=Money Summ F13=Source F14=Detail F16=Others F17=Events
 F3=Exit F6=Print Transaction History F7=Prt Selected Pmt History F12=Previous

BRACKIN DEPOSITION

DEFENDANTS' EXHIBITS 27, 28, 29

2003 FORM 40

RESIDENTS AND PART-YEAR RESIDENTS
Alabama Individual Income Tax Return

For the year Jan. 1 - Dec. 31, 2003, or other tax year beginning

, ending

Your first name and initial (if joint return, also give spouse's first name and initial) Last name
Joseph A. + Mary E. Brackin

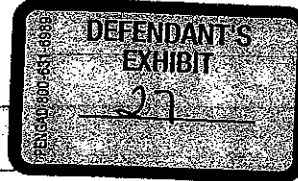
Present home address (number and street or P. O. Box number)
ABEL HERE

City, town or post office, state, and ZIP code
DOTHAN, AL

Your social security number
0812

Spouse's soc. sec. no. if joint return
1129

FN (For official use only)



Filing Status and Exemptions

Check only one box.

- 1 ☐ \$1,500 Single
- 2 ☒ \$3,000 Married filing joint return (even if only one spouse had income)
- 3 ☐ \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
- 4 ☐ \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name
 Soc. Sec. No.
 Relationship

Income and Adjustments

6 Wages, salaries, tips, etc. (list each employer and address separately):		A - Alabama tax withheld		B - Income	
a	City of Dothan 126 N. St. Andrews St. Dothan, AL 36303	6a	1415 00	6a	37266
b	City of Dothan 126 N. St. Andrews St. Dothan, AL 36303	6b	1247 00	6b	33539
c	United Parcel Service Inc. 55 Blakely Pkwy NE Atlanta, GA 30328	6c	6 00	6c	201
d		6d		6d	
7	Interest and dividend income (also attach Schedule B if over \$1,500)			7	
8	Other income (from page 2, Part I, line 9)			8	
9	Total income. Add amounts in the income column for line 6a through line 8			9	937
10	Total adjustments to income (from page 2, Part II, line 8)			10	
11	Adjusted gross income. Subtract line 10 from line 9			11	71943

Deductions

You Must Attach page 2 of Federal Form 1040, Federal Form 1040A, page 1 of Schedule E, or a copy of the Schedule E if claiming a deduction on line 13.

- 12 Check box a, if you itemize deductions, and enter amount from Schedule A, line 26.
 Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)
- ▶ ☒ a Itemized Deductions ▶ ☐ b Standard Deduction
- 13 Federal tax liability deduction (complete Part V, page 2)
- DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)
- 14 Personal exemption (from line 1, 2, 3, or 4)
- 15 Dependent exemption (from page 2, Part III, line 2)
- 16 Total deductions. Add lines 12, 13, 14, and 15.

Box a or b MUST be checked	
12	15158 00
13	4881 00
14	3000 00
15	600 00

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here.

- 17 Taxable income. Subtract line 16 from line 11
- 18 Income Tax due. Enter here and check if from ☒ Tax Table or ☐ Form NOL-85A
- 19 Less credits from: ☐ Schedule CR and/or ☐ Schedule OC and/or ☐ Enterprise Zone Act (see instructions)
- 20a Net tax due Alabama. Subtract line 19 from line 18
- b Consumer Use Tax (use worksheet on page 11)
- 21 You may make a voluntary contribution to any of the following: Alabama Election Campaign Fund or the Neighbors Helping Neighbors Fund.
- a Alabama Democratic Party ☐ \$1 ☐ \$2 ☒ none
- b Alabama Republican Party ☐ \$1 ☐ \$2 ☒ none
- c Neighbors Helping Neighbors \$
- 22 Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a, 21b, and 21c.

17	49004
18	2373
19	0
20a	2353
20b	
21a	
21b	
21c	2373
22	2353

Payments

- 23 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)
- 24 Amount paid with extension (attach Form 4868A)
- 25 2003 estimated tax payments (see instructions on page 11)
- 26 Total payments. Add lines 23 through 25.

23	2669 00
24	
25	

AMOUNT YOU OWE

- 27 If line 22 is larger than line 26, subtract line 26 from line 22, and enter AMOUNT YOU OWE. CN
- Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)
- If paying by credit card do not include Form 40V and check here ☐

OVERPAID

- 28 Estimated tax penalty. Also include on line 27 (see instructions page 11)
- 29 If line 26 is larger than line 22, subtract line 22 from line 26, and enter amount OVERPAID
- 30 Amount of line 29 to be applied to your 2004 estimated tax

28	00
29	
30	00

Check-offs

- 31 You may donate all or part of your overpayment. (Enter \$1, \$5, \$10, \$25, none, or other amount in the appropriate boxes).
- a Senior Services Trust Fund ☐ 00
- b AL Arts Development Fund ☐ 00
- c AL Nongame Wildlife Fund ☐ 00
- d Child Abuse Trust Fund ☐ 00
- e AL Veterans Program ☐ 00
- f AL Indian Children's Scholarship Fund ☐ 00
- g Penny Trust Fund ☐ 00
- h Foster Care Trust Fund ☐ 00
- i Mental Health ☐ 00
- j AL Breast & Cervical Cancer Program ☐ 00
- k AL 4-H Club ☐ 00
- 32 Total. Add line 30 and lines 31a, b, c, d, e, f, g, h, i, j, and k

31a	
31b	
31c	
31d	
31e	
31f	
31g	
31h	
31i	
31j	
31k	
32	

REFUND

- 33 REFUNDED TO YOU. Subtract line 32 from line 29. (CAUTION: You must sign this return on the reverse side.)

PLEASE

- Verify your social security number
- Recheck your math
- Sign return on reverse side
- Attach W-2 form(s)

Form 40 (2003)

Page 2

PART IOther
Income
(see page 13)

1	Alimony received	1		00
2	Business income or (loss) (attach Federal Schedule C or C-EZ)	2		00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3		00
4a	Total IRA distributions	4a	00	00
4b	Taxable amount (see instructions)	4b		00
5a	Total pensions and annuities	5a	00	00
5b	Taxable amount (see instructions)	5b		00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	937	00
7	Farm income or (loss) (attach Federal Schedule F)	7		00
8	Other income (state nature and source — see instructions)	8		00
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8	9	937	00

PART IIAdjustments
to Income
(see page 16)

1a	Your IRA deduction	1a		00
b	Spouse's IRA deduction	1b		00
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2		00
3	Penalty on early withdrawal of savings	3		00
4	Alimony paid. Recipient's last name _____ Social security no. _____ Address _____ City _____ State _____ ZIP _____	4		00
5	Adoption expenses	5		00
6	Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____	6		00
7	Self-employed health insurance deduction	7		00
8	Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10	8	0	00

PART III

Dependents

Do not include
yourself or
your spouse.

(See page 9)

1a	Dependents: (1) First name _____ Last name _____ (2) Dependent's social security number _____ (3) Dependent's relationship to you _____ (4) Did you provide more than one-half dependent's support? _____	1	2228	step-son	yes
		2	8062	son	yes
b	Total number of dependents claimed above				2
2	Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.) Enter amount here and on page 1, line 15	2	600	00	

PART IVGeneral
InformationAll Taxpayers
Must Complete
This Section.

1	Residency <input checked="" type="checkbox"/> Full Year <input type="checkbox"/> Part Year If you were a part-year resident of Alabama during 2003, indicate your period of residence: Check only one box From _____ 2003 through _____ 2003. Total months _____
2	Did you file an Alabama income tax return for the year 2002? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	If no, state reason _____
4	Give name and address of present employer(s). Yours <u>City of Dothan 126 N. St. Andrews St. Dothan, AL 36903</u> Your Spouse's <u>City of Dothan 126 N. St. Andrews St. Dothan, AL 36903</u>
5	Enter the Federal Adjusted Gross Income \$ <u>66363</u> and Federal Taxable Income \$ <u>41857</u> as reported on your 2003 Federal Individual Income Tax Return.
6	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund)
	Source _____ Amount _____
	Source _____ Amount _____

PART VSign
hereKeep a copy
of this return
in your records.

1	Enter the Federal Income Liability as shown on your 2003 Federal return	1	4581	00
2	Enter your 2003 Federal Advance Child Tax Credit	2	400	00
3	Subtract line 2 from line 1, enter here and on line 13, page 1, Form 40	3	4181	00

☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Daytime telephone number _____	Your occupation _____
Spouse's signature (if joint return, BOTH must sign) _____	Date _____	Daytime telephone number _____	Spouse's occupation _____

Paid
Preparer's
Is

Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
Firm's name (or yours if self-employed) and address _____	E.I. No. _____	ZIP Code _____	

WHERE TO
FILE
FORM 40

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

If you are not making a payment, mail your return to:
Alabama Department of Revenue
P.O. Box 154
Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to:
Alabama Department of Revenue
P.O. Box 2401
Montgomery, AL 36140-0001

Mail only your 2003 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P.O. Box 2401, Montgomery, AL 36140-0001.

DEFENDANT'S
EXHIBIT

28

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2005

(O) IRS Use Only

Label(See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.L
A
B
E
L

H
E
R
E

For the year Jan. 1–Dec. 31, 2005, or other tax year beginning

2005, ending

20

OMB No. 1545-0074

Your social security number

0824

Spouse's social security number

11297

▲ You must enter your SSN(s) above. ▲

Presidential Election CampaignCheck here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶ ☐ You ☐ Spouse**Filing Status**

Check only one box.

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 17.) the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 17)**Exemptions**6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 19)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

If more than four dependents, see page 19.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

b Taxable amount (see page 25)

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Educator expenses (see page 29)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 30)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Tuition and fees deduction (see page 34)

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

Form 1040 (2005)

Page

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38 Amount from line 37 (adjusted gross income)

39a Check ☐ You were born before January 2, 1941, ☐ Blind. ☐ Spouse was born before January 2, 1941, ☐ Blind. Total boxes checked **39a** ☒b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here **39b** ☐

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

41 Subtract line 40 from line 38

42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

44 Tax (see page 37). Check if any tax is from: a ☐ Form(s) 9814 b ☐ Form 4972

45 Alternative minimum tax (see page 39). Attach Form 6251

46 Add lines 44 and 45

47 Foreign tax credit. Attach Form 1116 if required

48 Credit for child and dependent care expenses. Attach Form 2441

49 Credit for the elderly or the disabled. Attach Schedule R

50 Education credits. Attach Form 8863

51 Retirement savings contributions credit. Attach Form 8880

52 Child tax credit (see page 41). Attach Form 8901 if required

53 Adoption credit. Attach Form 8839

54 Credits from: a ☐ Form 8396 b ☐ Form 885955 Other credits. Check applicable box(es): a ☐ Form 3800b ☐ Form 8801 c ☐ Form

56 Add lines 47 through 55. These are your total credits

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

Other Taxes

58 Self-employment tax. Attach Schedule SE

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

61 Advance earned income credit payments from Form(s) W-2

62 Household employment taxes. Attach Schedule H

63 Add lines 57 through 62. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099

65 2005 estimated tax payments and amount applied from 2004 return

66a Earned income credit (EIC)

b Nontaxable combat pay election **66b**

67 Excess social security and tier 1 RRTA tax withheld (see page 59)

68 Additional child tax credit. Attach Form 8812

69 Amount paid with request for extension to file (see page 59)

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885

71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments

Refund

Direct deposit?

See page 59

and fill in 73b,

73c, and 73d.

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid

73a Amount of line 72 you want refunded to you

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

74 Amount of line 72 you want applied to your 2006 estimated tax

Amount You Owe

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60

76 Estimated tax penalty (see page 60)

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Joint return? See page 17. Keep a copy for your records.

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no. ()

FORM 1099-G

STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
UNEMPLOYMENT COMPENSATION AGENCY
MONTGOMERY, ALABAMA 36131

IMPORTANT TAX DOCUMENT

MARY BRACKIN

DOTHAN AL

Payer's Name, Street, City, State, and ZIP Code STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION AGENCY 649 MONROE STREET MONTGOMERY, AL 36131		Certain Government Payments	
Recipient's Identification Number -1297	1 Unemployment Compensation 4,180.00	OMB No. 1545-0120 YR/2005	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Recipient's Name (first, middle, last) & Address MARY BRACKIN DOTHAN AL	4 Federal Income Tax Withheld 418.00	5 ATAA Payments	
	FEIN: 630674968		
Account Number (optional)		Department of the Treasury - Internal Revenue Service	

Form 1099-G

Department of the Treasury - Internal Revenue Service

Instructions to Recipient

Box 1— Shows the total unemployment compensation paid to you this year by the payer. This amount is taxable income to you. For more information, see the instructions for your Federal income tax return.

Box 4— Shows the total amount of withholding you requested on unemployment compensation paid to you this year by the payer.

Box 5— Shows the total amount of ATAA paid to this year by the payer.

DEFENDANT'S
EXHIBIT

29

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2006

IRS Use Only—Do not

OMB No. 1545-0074

Label(See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.L
A
B
E
L

H
E
R
E

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning

2006, ending

20

Your first name and initial

Joseph A.

Last name

Brackin

If a joint return, spouse's first name and initial

Mary E.

Last name

Brackin

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Dothan, AL

Your social security number

0824

Spouse's social security number

1297

You must enter your SSN(s) above.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

☐ You ☐ Spouse**Filing Status**

Check only one box.

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here.4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.5 ☐ Qualifying widow(er) with dependent child (see page 17)**Exemptions**

If more than four dependents, see page 19.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 19)

8062

son

Boxes checked on 6a and 6b
No. of children on 6c who:• lived with you 1
• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount (see page 25)

16a Pensions and annuities

16a

b Taxable amount (see page 26)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853

24 Certain business expenses of reservists, performing artists, and fee basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 29)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Jury duty pay you gave to your employer

35 Domestic production activities deduction. Attach Form 8803

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

Form 1040 (2006)

Pag

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

- 38 Amount from line 37 (adjusted gross income)
- 39a Check ☐ You were born before January 2, 1942. ☐ Blind. ☐ Total boxes checked ☐ 39a
- if: ☐ Spouse was born before January 2, 1942. ☐ Blind.
- b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ☐ 39b
- 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
- 41 Subtract line 40 from line 38
- 42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d
- 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
- 44 Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972
- 45 Alternative minimum tax (see page 39). Attach Form 6251
- 46 Add lines 44 and 45
- 47 Foreign tax credit. Attach Form 1116 if required
- 48 Credit for child and dependent care expenses. Attach Form 2441
- 49 Credit for the elderly or the disabled. Attach Schedule R
- 50 Education credits. Attach Form 8863
- 51 Retirement savings contributions credit. Attach Form 8880
- 52 Residential energy credits. Attach Form 5695
- 53 Child tax credit (see page 42). Attach Form 8901 if required
- 54 Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859
- 55 Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form
- 56 Add lines 47 through 55. These are your total credits
- 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

Other Taxes

- 58 Self-employment tax. Attach Schedule SE
- 59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
- 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
- 61 Advance earned income credit payments from Form(s) W-2, box 9
- 62 Household employment taxes. Attach Schedule H
- 63 Add lines 57 through 62. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

- 64 Federal income tax withheld from Forms W-2 and 1099
- 65 2006 estimated tax payments and amount applied from 2005 return
- 66a Earned income credit (EIC)
- b Nontaxable combat pay election ☐ 66b
- 67 Excess social security and tier 1 RRTA tax withheld (see page 60)
- 68 Additional child tax credit. Attach Form 8812
- 69 Amount paid with request for extension to file (see page 60)
- 70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885
- 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required
- 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

- 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid
- 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐
- b Routing number
- d Account number
- c Type: ☐ Checking ☐ Savings
- 75 Amount of line 73 you want applied to your 2007 estimated tax

Amount You Owe

- 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62
- 77 Estimated tax penalty (see page 62)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.



FORM

40

Alabama

2006

Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS

year Jan. 1 - Dec. 31, 2006, or other tax year: Beginning: Ending: •	
Your social security number 0824	Spouse's SSN if joint return -1297
Your first name Joseph	Initial Last name A Brackin
Spouse's first name Mary	Initial Last name E Brackin
Present home address (number and street or P.O. Box number)	
City, town or post office Dothan	State ZIP code AL

USE BLACK INK TO COMPLETE RETURN

Filing Status
and
Exemptions

Check only one box.

- 1 • ☐ \$1,500 Single
- 2 • ☒ \$3,000 Married filing joint return (even if only one spouse had income)
- 3 • ☐ \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
- 4 • ☐ \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name •

Soc. Sec. No. •

Relationship •

Income
and
Adjustments

6 Wages, salaries, tips, etc. (list each employer and address separately):

a Town of Newton 9 N. College St. Newton, AL 36352

b Goodenec Chr. School 4847 Murphy Mill Rd. Dothan 36303

c City of Headland 9 Park St. Headland, AL 36345

d City of Dothan 126 N. St. Andrews St. Dothan, AL 36303

7 Interest and dividend income (also attach Schedule B if over \$1,500)

8 Other income (from page 2, Part I, line 9)

9 Total income. Add amounts in the income column for line 6a through line 8

10 Total adjustments to income (from page 2, Part II, line 8)

11 Adjusted gross income. Subtract line 10 from line 9

A - Alabama tax withheld

6a • 346 00

6b • 0 00

6c • 341 00

6d • 1169 00

B - Income

6a 10658

6b 28

6c 11369

6d 30,106

7 51

8 1938

9 54147

10 0

11 54147

Deductions

You Must Attach
page 2 of Federal
1040, Federal
1040A, Feder-
al 1040NR, or
page 1 of 1040EZ,
if claiming a deduc-
tion on line 13.

12 Check box a, if you itemize deductions, and enter amount from Schedule A, line 26.

Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)

• ☒ a Itemized Deductions• ☐ b Standard Deduction

13 Federal tax deduction (see instructions)

DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)

14 Personal exemption (from line 1, 2, 3, or 4)

15 Dependent exemption (from page 2, Part III, line 2)

16 Total deductions. Add lines 12, 13, 14, and 15

Box a or b MUST be checked

12 • 11840 00

13 • 2996 00

14 • 3000 00

15 • 300 00

16 18136

17 36011

18 1723

19 0

20a 1723

20b 0

21a 0

21b 0

22 1723

Tax

Do Not Staple
Form(s) W-2, W-2G,
1099, and/or 40V to
this form.

17 Taxable income. Subtract line 16 from line 11

18 Income Tax due. Enter amount from tax table or check if from • ☐ Form NOL-85A19 Less credits from: • ☐ Schedule CR and/or • ☐ Schedule OC

20a Net tax due Alabama. Subtract line 19 from line 18

b Consumer Use Tax (use worksheet on page 10)

21 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:

a Alabama Democratic Party ☐ \$1 ☐ \$2 ☐ noneb Alabama Republican Party ☐ \$1 ☐ \$2 ☐ none

22 Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a, and 21b

23 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)

24 Amount paid with extension (attach Form 4868A)

25 2006 estimated tax payments (see instructions on page 11)

26 Total payments. Add lines 23 through 25

23 • 1856 00

24 • 0 00

25 • 0 00

26 1856

Payments

AMOUNT
YOU OWE

27 If line 22 is larger than line 26, subtract line 26 from line 22, and enter AMOUNT YOU OWE.

Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

28 Estimated tax penalty. Also include on line 27 (see instructions page 11)

OVERPAID

29 If line 26 is larger than line 22, subtract line 22 from line 26, and enter amount OVERPAID

30 Amount of line 29 to be applied to your 2007 estimated tax

Donation
Check-offs

31 Total Donation Check-offs from Schedule DC, line 2

32 Total. Add line 30 and line 31

27 • 0

28 • 0 00

29 • 133

30 • 0 00

31 • 0 00

27 • 0

28 • 0 00

29 • 133

30 • 0 00

31 • 0 00

32 • 0

IND

33 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)

Subtract line 32 from line 29. For Direct Deposit, check here • ☐ and complete Part V, Page 2

33 • 133

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

WHERE TO
FILE
FORM 40

If you are not making a payment, mail your return to:

Alabama Department of Revenue

P. O. Box 154

Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue

P. O. Box 2401

Montgomery, AL 36140-0001

Mail only your 2006 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue P.O. Box 327464 Montgomery, AL 36132-7464



Form 40 (2006)

PART I**Other Income**

(See page 12)

1	Alimony received	1	•	01
2	Business income or (loss) (attach Federal Schedule C or C-EZ)	2	•	267
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	•	01
4a	Total IRA distributions	4a	•	00
4b	Taxable amount (see instructions)	4b	•	01
5a	Total pensions and annuities	5a	•	00
5b	Taxable amount (see instructions)	5b	•	01
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	•	1681
7	Farm income or (loss) (attach Federal Schedule F)	7	•	01
8	Other income (state nature and source — see instructions)	8	•	01

PART II**Adjustments to Income**

(See page 15)

9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8			
1a	Your IRA deduction	1a	•	01
b	Spouse's IRA deduction	1b	•	01
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	•	01
3	Penalty on early withdrawal of savings	3	•	01
4	Alimony paid. Recipient's last name _____ Social security no. _____	4	•	01
5	Adoption expenses _____ City _____ State _____ ZIP _____	5	•	01
6	Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____	6	•	01
7	Self-employed health insurance deduction	7	•	01
8	Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10	8	•	01

PART III**Dependents**

Do not include yourself or your spouse

(S 9)

1a	Dependents:	(1) First name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Did you provide more than one-half dependent's support?
			• -8062	son	yes
b	Total number of dependents claimed above				

2 Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)
Enter amount here and on page 1, line 15

PART IV**General Information**

All Taxpayers Must Complete This Section.

1	Residency	• <input checked="" type="checkbox"/> Full Year	If you were a part-year resident of Alabama during 2006, indicate your period of residence:
	Check only one box	• <input type="checkbox"/> Part Year	From _____ 2006 through _____ 2006. Total months _____
2	Did you file an Alabama income tax return for the year 2005?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	If no, state reason.		
4	Give name and address of present employer(s). Yours	City of Dothan 126 N. St. Andrews St. Dothan, AL 36303	
	Your Spouse's	Town of Newton 9 N. College St. Newton, AL 36303	
5	Enter the Federal Adjusted Gross Income • \$	51853	and Federal Taxable Income • \$ 31653 as reported on your 2006 Federal Individual Income Tax Return.
6	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If yes, enter source(s) and amount(s) below: (other than state income tax refund)		
	Source	Amount	00
	Source	Amount	00
7	Do you have income included in this return from a grantor trust?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PART V**Direct Deposit**

For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Page 16 of instructions to see if you qualify.)

1	Routing Number:	2	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
3	Account Number:		

• ☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Daytime telephone number

Your occupation

Spouse's signature (if joint return, BOTH must sign)

Date

Daytime telephone number

Spouse's occupation

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed)

Daytime telephone number

E.I. No.

Address

ZIP Code

Sign Here In Black Ink

Keep a copy of this return for your records.

Paid Preparer's Use Only

Form 1099-MISC

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

WHATLEY & DARTY LLC

3116 ROSS CLARK CIRCLE
DOTHAN ALABAMA 36302
334-678-5818

PAYER'S federal identification number

RECIPIENT'S identification number
0824

RECIPIENT'S name, address, and ZIP code

ALLEN BRACKIN

DOTHAN, AL

Account number (see instructions)

Form 1099-MISC 2006

Miscellaneous Income

OMB No. 1545-

39-190

Department of Treasury

1 Rents \$	2 Royalties \$	3 Other income \$
4 Fed. inc. tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health car payments \$
7 Nonemployee compensation \$ 797.77	8 Substitute payments in lieu of dividends/interest \$	9 Payer made direct sale: \$5,000 or more of consumer products to a buyer (recipient) for resale
10 Crop insurance proceeds \$	11	12
13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15a Section 409A deferr
15b Section 409A income..... \$		
16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Copy B For Recipient (keep for your records)

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-MISC

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

WHATLEY & DARTY LLC

3116 ROSS CLARK CIRCLE
DOTHAN ALABAMA 36302
334-678-5818

PAYER'S federal identification number

RECIPIENT'S identification number
0824

RECIPIENT'S name, address, and ZIP code

ALLEN BRACKIN

DOTHAN, AL

Account number (see instructions)

Form 1099-MISC 2006

Miscellaneous Income

OMB No. 1545-

39-190

Department of Treasury

1 Rents \$	2 Royalties \$	3 Other income \$
4 Fed. income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health car payments \$
7 Nonemployee compensation \$ 797.77	8 Substitute payments in lieu of dividends/interest \$	9 Payer made direct sale: \$5,000 or more of consumer products to a buyer (recipient) for resale
10 Crop insurance proceeds \$	11	12
13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15a Section 409A deferr
15b Section 409A income..... \$		
16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Copy 2

To be filed with recipient's state income tax return, when required.

6 FMISB21

NTF 2562950

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Instructions for Recipients

Account number. May show an account or other unique number the payer assigned to distinguish your account.**Amounts shown may be subject to self-employment (SE) tax.**

If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334, Tax Guide for Small Business, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals. Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

Boxes 1 and 2. Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525, Taxable and Nontaxable Income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).**Box 4.** Shows backup withholding or, withholding on Indian gaming profits. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number. See Form W-9, Request for Taxpayer Identification Number and Certification, for more information. Report this amount on your income tax return as tax withheld.**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.**Box 6.** For individuals, report on Schedule C or C-EZ (Form 1040).**Box 7.** Shows nonemployee compensation. If you are in the trade or business catching fish, box 7 may show cash you received for the sale of fish. If you are in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).**Box 10.** Report this amount on line 8 of Schedule F (Form 1040).**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.**Box 15a.** Shows current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A. Any earnings on current and prior year deferrals are also reported.**Box 15b.** Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently also included in this box. This income is also subject to a substantial addition to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.**Boxes 16-18.** Shows state or local income tax withheld from the payment.

a Control No.		b Employer identification number (EIN)		OMB No. 1545-004	
c Employer's name, address, and ZIP code TOWN OF NEWTON 9 NORTH COLLEGE NEWTON AL 36352		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
d Employee's social security number 1297		1 Wgs, tips, other comp 10657.50	2 Fed inc tax withheld 481.00	3 Social security wages 10657.50	Form W-2 Wage and Tax Statement 2006 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)
e Employee's name, address, and ZIP code MARY BETH BRACKIN DOTHAN AL		4 SS tax withheld 660.77	5 Medicare wages & tips 10657.50	6 Medicare tax withheld 154.53	
		7 Social security tips	8 Allocated tips	9 Advance EIC payment	
		10 Depndt care benefits	11 Nonqualified plans	12a	
		13 Statutory employee <input type="checkbox"/>	14 Other	12b	
		Retirement plan <input type="checkbox"/>		12c	
		Third-party sick pay <input type="checkbox"/>		12d	
15 State AL	Employer's state ID No.	16 State wages, tips, etc 10657.50	17 State income tax 346.24	18 Local wages, tips, etc	19 Local income tax
				20 Locality name	

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2006 OMB No. 1545-0008	
a Control number	1 Wages, tips, other comp. 27948.97	2 Federal income tax withheld 2295.51	
b Employer ID number (EIN)	3 Social security wages 32035.70	4 Social security tax withheld 1986.24	
	5 Medicare wages and tips 32035.70	6 Medicare tax withheld 464.51	
c Employer's name, address, and ZIP code CITY OF DOTHAN, ALABAMA 126 N ST ANDREWS DOTHAN AL S.S. 0441 Employee's social security number -0824 d Employee's name, address, and ZIP code JOSEPH A BRACKIN DOTHAN AL Social security tips			
8 Allocated tips	9 Advance EIC payment		
11 Nonqualified plans	12a Code See inst. for box 12 G 1930.00		
14 Other Statutory employee Retirement plan Third-party sick pay	12b Code PE 2156.73 125I 2450.00 125M 1459.88		
15 State AL	Employer's state I.D. # 37882	16 State wages, tips, etc. 30105.70	17 State income tax 1169.38
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy B To Be Filed With Employee's State, City, or Local Income Tax Return.		2006 OMB No. 1545-000	
a Control number	1 Wages, tips, other comp. 27948.97	2 Federal income tax withheld 2295.51	
b Employer ID number (EIN)	3 Social security wages 32035.70	4 Social security tax withheld 1986.24	
	5 Medicare wages and tips 32035.70	6 Medicare tax withheld 464.51	
c Employer's name, address, and ZIP code CITY OF DOTHAN, ALABAMA 126 N ST ANDREWS DOTHAN AL S.S. 0441 d Employee's social security number -0824 e Employee's name, address, and ZIP code JOSEPH A BRACKIN DOTHAN AL 7 Social security tips			
8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code G 1930.00	
13 Statutory employee Retirement plan Third-party sick pay	14 Other PE 2156.73 125I 2450.00 125M 1459.88	12b Code	
15 State AL	Employer's state I.D. # 37882	16 State wages, tips, etc. 30105.70	17 State income tax 1169.38
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

a Control number Brackin		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN)				1 Wages, tips, other compensation 11369.49		2 Federal income tax withheld 1093.45	
c Employer's name, address, and ZIP code City of Headland 9 Park Street Headland, AL 36345				3 Social security wages 11369.49		4 Social security tax withheld 704.89	
d Employee's social security number -1297				5 Medicare wages and tips 11369.49		6 Medicare tax withheld 164.83	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Mary E		Last name Brackin		Suff.		11 Nonqualified plans	
Dothan, AL Houston		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other		12a See instructions for box 12	
						12b	
						12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state ID number AL			
16 State wages, tips, etc. 11369.49		17 State income tax 341.22		18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)

2006

Department of the Treasury—Internal Revenue Service

Safe, accurate,
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a Control number 000264		Copy C—For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.) OMB No. 1545-0008					
b Employer identification number (EIN)				1 Wages, tips, other compensation 25.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code Providence Christian School 4847 Murphy Mill Road Dothan, AL 36303				3 Social security wages 25.00		4 Social security tax withheld 1.55	
d Employee's social security number 1297				5 Medicare wages and tips 25.00		6 Medicare tax withheld 0.36	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
e Employee's name, address, and ZIP code Mary E		Last name Brackin		11 Nonqualified plans		12a See instructions for box 12	
Dothan, AL		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other		12b	
						12c	
						12d	
15 State Employer's state ID number		16 State wages, tips, etc. 25.00		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2006

39-1908647 Department of the Treasury—Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.